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ORIGINAL ARTICLES.

Some Cases from Practice.

By H. L. SALTHOUSE, M.D., McPherson, Kas.

Editor Kansas Medical Journal:

Deeming the following cases of more than usual interest, I take it for granted that a brief synopsis of the history and symptoms may be of interest to readers of the KANSAS MEDICAL JOURNAL.

TUBAL PREGNANCY.

CASE I. Mrs. B., aged thirty-three, the mother of one child ten years of age, had previous to my seeing her been treated at intervals for ovarian neuralgia. When first seen by myself (April 8th) the following history and symptoms were present: Her general health had been good except these attacks of "neuralgia in region of right ovary". Had menstruated regularly, but it was again time for catamenia, to which she attributed her present symptoms. Intense pain in region of right ovary with slight enlargement of abdomen with tympanitis, due apparently to flatus. Very tender on pressure over seat of pain; so much so that objective symptoms were of little diagnostic value. Gave hypodermatic injection of morph. sulph. and atropia, and took my departure. On following day she was reported as being very comfortable and "as well as ever". April 14th was called in great haste and found the above symptoms again present with no appreciable difference except, perhaps, the abdominal swelling more marked and more localized over right ovary. Both husband and wife assured me, however, that as soon as the pain was relieved that there was no abdominal enlargement whatever. Her menses had not made its appearance. Again relieved her, promising to call on following day when I could make a more thorough examination with less inconvenience to the patient. On following morning the husband called at my office and assured me that "she was all right," and that it would not be necessary for me to see her. April 20th was again called and again found similar symptoms with a rounded tumor presenting in right iliac region. Menses had appeared, and were perfectly normal. Asked for a vaginal examination, which was emphatically refused. I asked her husband to call next morning, which he did, reporting her fairly comfortable. I urged upon him the necessity for a thorough examination, assuring him that it was imperative to arrive at a positive diagnosis at once. That it was impossible for me to do so with no more opportunity than had been afforded me. He desired an opinion, which was reluctantly given, as either tubal pregnancy or possibly a pyosalpynx, but most likely the former, assuring him that an operation would be the only salvation. On taking his leave he promised to use his influence to secure a thorough examination at once. During the following an obstinate constipation intervened, which would not yield to the ordinary remedies at hand, nor to enemata, until finally the stomach became so irritable that everything taken *per viam naturalis* was rejected, including large quantities of bilious matter. To overcome the difficulty I prescribed on April 28th small doses of calomel and soda in tablet form which acted magically. She would not consent to an examination, and assured me, through her husband, that she "would die before she would consent to an operation". I heard no more of

the case until May 10th, when I was summoned, as before, in haste, and found the symptoms heretofore described, only in a more aggravated form. Abdominal swelling considerably augmented. Was more positive than before of my diagnosis of extra-uterine pregnancy, and informed the husband that nothing short of an operation would be of any avail; that it was useless for me or anyone to continue to attend the case unless they would consent to have done what seemed the only thing to do. This was my last visit, for they desired relief without the use of the knife, which I assured them could not be obtained. Her condition was reported daily, and her suffering from this time on was more or less constant, when on May 15th another physician was called into the case, who laughed at my diagnosis—extra-uterine pregnancy—and attributed her suffering to the fact "that the lining was eaten from her bowels by the calomel" I had given (although there was not a symptom ptyalism). Of the history of the case from this time on I know but little. The physician in attendance continued in the case until death claimed the patient very suddenly and unexpectedly.

It is only necessary to say, however, extra-uterine pregnancy was never mentioned as a probable feature of the case. A post-mortem examination was asked and granted, which revealed the entire abdominal cavity filled with blood, and low down on right side a fœtus which the physicians in attendance pronounced to be between the fifth and sixth month of gestation. Evidently death resulted from rupture and hemorrhage.

CASE II. *Cephalhœmatoma.*—On December 8th was called to attend Mrs. X. A., primipara, in confinement. Aside from small, nagging pains and a slightly rigid os, nothing unusual occurred, her labor being normal in every respect. There was the usual caput succedaneum, but I should say rather below than above the usual size. On fourth day after confinement was called to see the baby on account of a "peculiar swelling and a discharge from its head, the odor of which was terrible." The nurse informed me the swelling had appeared during the night. On examination, I found a rounded prominence, two and one-half inches in diameter, at its base on the occipital protuberance, the scalp over swelling being a bright violet hue. There was an absence of that peculiar feeling described by authors as "a bony ring" or "a depression in the skull" or "a complete absence of bone at the base of the tumor". It was decidedly doughy and fluctuating. The discharge was serous in character, and came from a very small opening in the scalp at the edge of the tumor. The odor no doubt being caused by decomposition arising from admission of air. On introducing a probe, it passed readily until the pericranium was reached, when the doughy and fluctuating impression was again conveyed. On consulting all the authorities at my command, "I was advised to apply simple stimulating lotions and await nature's pleasure," although I felt then that the proper treatment in such a case was to evacuate the contents by an incision in a dependent part of the tumor, and the termination of the case verifies my belief that that line of treatment should have been followed. My only excuse for not doing so was the lack of authority to justify such a course. Out of some eight or ten authorities on the subject only one—"Conde," on diseases of children, published in 1868—suggests such a procedure with any force, the others giving little or no information on the subject. The little patient, however, seemed unconscious of his condition, slept and took meals at regular hours. On second day the discharge assumed a dark, sanguinous character, while the scalp became dark violet in color, the swelling decreasing quite rapidly. Third day discharge continues as before, more copious. The scalp over apex of "tumor" is a very dark brown and gangrenous, the line of separation being well marked. On fourth day the sphacelus, as large as a silver dollar, was thrown off, leaving edge of scalp serrated and very much thickened. The pericranium protruded into the opening thus made and soon became covered by a hard, dry coagulum of blood, from beneath which the remainder of the effusion soon escaped, and by the aid of anti-

septics the wound healed without delay. It seems to me the literature we have on this and many minor subjects is very meager, and I should be glad to hear through this JOURNAL from those who have treated such cases surgically.

CASE III. This case occurred in the practice of Dr. Knowles, of Galva, and at his request I repeat the following history as given to me: "On February 10th was called to wait upon Mrs. A., a primipara, aged thirty, in confinement. Married two and one-half years. Some two years previous to this time there was enlargement of abdomen, but no absence of catamenia or other sign of pregnancy. She thought herself pregnant, however, and I was sent for to attend her in what she supposed was a miscarriage at about the third month. Found apparently normal labor pains, which soon ceased, and I heard no more of her case, although seeing her occasionally, and she looked rather large. However, she passed her time for confinement, but abdominal enlargement still remained. Nothing unusual regarding her health occurred until her accouchement, February 10th, which passed off very naturally, except almost entire absence of amniotic fluid and sanguinous discharge. Even on expulsion of secundines there was not blood enough to stain the hands, and there was not a shred of membranes attached to the placenta. Her abdomen seemed unusually large; her size diminishing but little after labor was completed in all its details. On the evening of the third day patient was taken with a severe diarrhœa, and was up eight times during the night, and the house being cool, she contracted a bronchitis and coughed severely. On afternoon of the fourth day, during a violent paroxysm of coughing, there was a sudden gush from the vagina, the fluid being serous in character and very offensive in odor. It was estimated that at least three gallons of fluid escaped, passing entirely through the bedding to the floor. This was followed by a chill, septicæmia, peritonitis and death on the eighth day." Now the doctor wishes to know the solution of this "peculiar phenomenon". "Was the fluid which escaped the retained amniotic fluid or was it a cyst which ruptured? Then if a cyst, where located?"

I have my own opinion of the case, but will allow some one older in the profession to answer the doctor.

Central Branch Medical Society.

TOPICS DISCUSSED.

Succinimide of Mercury in Syphilis.

Belladonna—Its Physiology and Therapeusis.

Compound Fracture of the Leg.

Traumatism of the Eye, Hysteria, Tuberculosis and Pyelitis.

The society met in Greenleaf, March 8, 1894.

Present: Drs. D. W. Humfreville and C. W. Hardy, of Waterville; Drs. J. H. Green, A. S. Andrews and W. Jacobs, of Washington; Drs. M. W. Gardner and E. Armstrong, of Greenleaf; Drs. J. C. McClintock, S. E. Sheldon and J. E. Minney, of Topeka.

After the routine business of the meeting had been transacted, Dr. Minney made the following remarks: "'God hath made medicines out of the earth, and he that is wise will not abhor them.' There is a tendency, particularly in the medical centers, to ignore medicinal therapeutics and to rely upon the knife. Surgery is all right in its place, but with a large class of progressive medical men it is fascinating and their enthusiasm in this specialty has a tendency to narrow them as specialism does any specialist. Therapy should go hand in hand with surgery and all of the specialties. The agent to which I invite your attention is belladonna. Belladonna ranks with opium and quinine in usefulness. The active principle is atropine and belladonnine. There is also a coloring matter called atrosin and a few other sub-alkaloids, such as atropine and homatropine. The physiological action of a drug should be understood before we can administer it intelligently.

"The action of belladonnine is claimed to be identical with hyoscyamine. It will

dilate the pupil when large doses are taken internally, but not when dropped in the eye. Belladonna is a mydriatic, antispasmodic, narcotic and anodyne. Atropine at first slows the heart's action, but it is soon increased in force and frequency. Atropine is a cardiac, respiratory and spinal stimulant; in fact, it stimulates the vaso-motor ganglia throughout the whole system. While it stimulates the cardiac ganglia, it paralyzes the inhibitory — the pneumogastric. When toxic doses are given, it paralyzes the heart and muscular coat of the blood-vessels, causing them to relax, the blood pressure is reduced, stupor and delirium follow, coma and death. The latter is usually produced by asphyxia. Belladonna produces dryness of the mucous membrane of the mouth, pharynx, nasal mucous membrane and of the intestinal mucous membrane. The latter condition is soon followed by an excessive watery secretion. The drug also produces a wild delirium and increases the temperature of the body from one-half to one degree. A red rash is produced on the skin, followed at times by desquamation. It produces congestion of the brain, headache, dizziness and a busy delirium. Retrograde metamorphosis is greatly increased.

"Remembering the physiological action of the drug we are prepared for its therapy. It matters not whether its action is attributed to its contraries or its similars, for it is the results we are after. It should be remembered that the potash salts are incompatible and decompose the alkaloids of the belladonna and the effect of the alkali only is obtained.

"Opium to a certain extent is a physiological antidote. Some of the other antidotes are pilocarpine, physostigmine, quinine, muscarine, aconite and veratrum. Reason and experience teach, then, that in acute coryza with profuse secretion of mucus, in ptyalism, mercurial or that of pregnancy, and in sore throat, where the mucous membrane is swollen, turgid and covered over with mucus, belladonna is the agent indicated. Also in asthma with abundant secretion, in pyrosis and constipation with atony of the muscular coat of the bowel. In spinal hyperæmia and congestive headache, with great pallor of the face, atropia is the remedy. Some claim real curative power for it in erysipelas when superficial and non-vesicular. In irritable bladder with painful micturition, in spermatorrhœa and seminal losses and in nocturnal incontinence of urine in children, no agent is more reliable than belladonna. It should be given in the low, muttering delirium of typhoid fever and in hypochondriasis.

"In functional pelvic pains in women, the so-called ovarian neuralgias in gout and rheumatism, and in all neuralgias due to peripheral irritation, in epileptic and puerpural convulsions, atropine is indicated. The night sweats of phthisis or from weakness from any cause, atropine will be beneficial.

"In the exanthema, where the rash is not well developed, failed to come out properly, and the heart is weak and the respiration is impeded, atropia will improve the respiration, strengthen the heart's action and develop the rash. In chloroform narcosis, Dr. Potter, in his "Materia Medica," claims to have saved life by the injection of atropia locally, the ointment of belladonna is useful in sores, ulcers, piles, etc., and the belladonna plaster in myalgias, lumbagos and intercostal pains you can all testify to its merit. In ophthalmology there is no more useful remedy than atropine. It is the remedy in iritis, it prevents synechia by dilating the pupil, squeezing the blood out of the iris and jugulating the inflammations. It is the principal agent in the treatment of ulceration of the cornea and phlyctenular keratitis."

Dr. Humfreville.—"In the early stages of cerebro-spinal meningitis I have had good results with belladonna."

Drs. Hardy and Armstrong spoke favorably of its use in many cases.

Dr. Sheldon.—"Where there is subnormal temperature in cerebro-spinal meningitis, belladonna is indicated."

Dr. Andrews.—"Dosage has been spoken of and it should be remembered that the minute dose has a different effect from the physiological dose; all the way up from the

minute to the physiological the effect varies or is different."

Dr. Armstrong presented a case of calcarious deposit in the knee-joint.

Dr. McClintock diagnosed it tubercular, and recommended rest to the part.

Dr. Humfreville.—"I knew and treated the patient's mother years ago and she had rheumatoid arthritis, deforming many of the joints by the deposits. While this is in all probability tubercular, the parental history should be considered."

Dr. Gardner presented a case of eye injury. A boy nine years of age was shot in his left eye by a small arrow four weeks ago. The arrow stuck in the eye and had to be removed by force. The injury was at the sclero corneal junction and evidently wounded ciliary body. At the time of the meeting the globe showed softening tension. The iris discolored, some photophobia and the sight much impaired owing to the age of the boy, and the improvement in the injured eye and there being no indication of sympathetic irritation in the fellow eye, it was thought best at present to not remove the injured eye, but to put the boy on mixed treatment.

Dr. Armstrong reported a case of hysteria in which he used morphine and followed it by chloroform. He said he should never repeat it and advised the other members to be cautious in using chloroform in hysteria after using morphine.

Dr. Sheldon reported a case of abdominal cyst, containing some two gallons of pus, removed with good results.

Dr. Armstrong reported a recent compound fracture of the leg, and asked if it was advisable to put it up in plaster paris.

Dr. Green advocated the plaster cast in the form of the Bavarian splint or with a window at the point of injury, so the wound could be watched.

Dr. McClintock said that the parts should be completely and thoroughly cleaned, if possible, for it is almost impossible to clean these wounds. The bones have been broken, forced through the skin, clothing, and into the dirt. But thorough washing and cleansing would render them measurably aseptic. The limb should then be placed in position and dressed in such a way that the wound can be watched. If no suppuration when the swelling goes down the limbs can be put up in a plaster or Bavarian splint.

Dr. McClintock read a paper on "The Treatment of Syphilis by Injections of Succinimide of Mercury." He reported three cases so treated. One with the succinimide alone and two with other mercurials in addition. Fifteen minims were injected at one time each day in the first case of secondary syphilis, which was a very unfavorable case. The eighth injection showed marked improvement and the nineteenth injection, nineteenth day, all symptoms had passed away. From eighteen to twenty treatments in as many days is all that is required. "I used the other form of mercury until mercurialism showed slightly because of the importance of the patients and my distrust of the succinimide."

Dr. Armstrong.—"What objection is there to inject it just under the skin instead of so deeply?"

Dr. McClintock.—"It is much more painful and liable to produce abscesses. The pain is severe in deep injections, and I now use cocaine, which shortens the duration of pain. The French claim that with the succinimide of mercury they can cure syphilis in any form in twenty days. American syphilographers deny this."

Dr. Andrews reported a case of a man sixty-five years old having had urinary trouble for twenty years. There was a chronic cystitis. There was a chill fifteen days and one four days before death. There was no pus in the urine. Post-mortem revealed pelvic abscess of the right kidney, a cystic abscess outside of the bladder near its point of entrance into the bladder. There was evidences of pelvic peritonitis. Absence of pus in the urine was evidently due to closure of the ureter at or near its entrance into the bladder with resulting abscess at this point.

Adjourned.

This society is interesting, having live, level-headed, progressive, practical men in it, and we propose seeing them again.—ED.

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Topeka, Kansas, Saturday, March 17, 1894.

The Latest.

The idea of a general convention to be held in Topeka seems to be meeting with universal approval. We have received numerous letters from physicians interested in the success of the work and so far the convention is favored by all. The Topeka Academy of Medicine and Surgery, at its meeting on Monday evening last, adopted the following resolution:

"*Resolved*, That it is the sense of this society that a general convention of physicians be held in the city of Topeka on or about May 1, 1894. Such convention to be for the purpose of discussing and arranging a plan for securing medical legislation."

This is a step in the right direction, and we hope every society in the state will adopt similar resolutions and see that it is well represented at the convention.

Dangers of the Communion Service.

There was much comment a few years ago over the dangers of infection from the method in which the Jewish rite of circumcision was performed. The danger of infection from dirty instruments, but more especially from the mouth of the Rabbi, was described in all its horror. There is a more common religious ceremony, however, practiced in most every church in the land, which merits criticism from the same standpoint.

We refer to the communion service. We have no word of criticism to offer upon the intent of the service, but it does seem that as our knowledge of the transmission of disease becomes more perfect we should be more careful to exclude from our daily customs everything which we must recognize as a disseminator of diseased germs.

The communion glass, from which each member of the church sips in turn, is as likely to carry the germ of syphilis or tuberculosis as such utensils used in any other place. Unfortunately, church members are not more exempt from infectious diseases than other people. Most of us hesitate to drink from the same glass even with those we know. How much more cautious, then, should we be about drinking from a glass which has already been presented to the lips of a hundred or more of whose condition we have no means of judging? We hope those having control over religious customs will adopt some method of serving the communion less nauseous to the public taste and more wholesome to the public health.

DR. HUMPHREYVILLE gave a small dog five grains of morphine with evil intent, but the dog, which was suffering with abdominal ascites, improved under the morphine. This remark was made in speaking of the new antidote for morphine, viz., the permanganate of potassium. This latter drug, it is claimed, will fully and completely antidote the morphine grain for grain.

World's Health Congress.

Cholera has appeared in Constantinople. It may be the climate, but more likely it is the filthy condition of the city. There should be a World's Board of Health with a member from each nation on this board, and the most rigid sanitary measures taken to extinguish these filth-breeding diseases by compelling the authority of each city and hamlet in the world to clean up. The army and navy of each nation has abundant time to see to this matter, and more lives would be saved by the army than lost. The American Medical Association, through its committee, is using every possible means to secure a member in the cabinet to represent the health of the people, believing it *almost* as important as the health of their animals and grain. While in our own country each state can in the main look after its own health affairs, yet there is often carelessness and incompetency which works injustice. Having a higher tribunal to appeal to in emergencies, proper protection would be given. The army could be used at much less expense, and it already being organized and disciplined could be called in instantly and with the authority of the U. S. Government backing it there would be no delay in doing the work thoroughly and promptly. We do not believe that a nation, any more than a city or an individual, has a moral or legal right to permit or foster a filth-producing foci that its people and neighbors (other nations) may become infected. It is a subject of international interest and concern, and the time is coming, and the sooner the better, when our national authorities must act in the matter. Two or three nations can call a monetary conference and the whole world gives heed. It is their imperative duty to call an international health congress and take action for the stamping out of preventable diseases from our careless cities and nations. Yellow fever and cholera! Where do they come from? What nations invariably? We do not care to specify, as you all know. In our own country in New Orleans during the late civil war, when our soldiers were stationed there (northern soldiers), and summer was coming on, well do we remember the prophecy that by September yellow jack (yellow fever) would kill them all off. The heat was there, the moisture, and the bug or germ. The conditions were all favorable, even to the victims (soldiers by thousands) affrighted. Ben Butler said: "We will have no yellow fever here. We will destroy its home—filth." He did. Never before in its history and possibly since did the city get such a cleaning up and disinfecting. The work was thoroughly, completely and effectually done. What was the result? No yellow fever that summer. All of the conditions were there, favorable to an outbreak of yellow fever, but they were removed. This can be done in every city and hamlet in the world. Instead of letting the devil get out and spread himself, beard him in his haunts.

Golden Belt Medical Society.

The Golden Belt Medical Society will hold its sixth annual meeting in the parlors of the Union Pacific Hotel, at Abilene, Kansas, April 5, 1894, to which the regular profession is cordially invited. There will be an afternoon and evening session, beginning respectively at 1:30 P.M. and 7:30 P.M.

The following is the regular program:

Business meeting.

Election of officers for ensuing year.

Annual address of retiring president.

Reports of secretary-treasurer.

A Plea for the Use of Anæsthetics in Natural Labor.—Dr. W. S. Harvey, Salina.

Acute Bright's Disease.—Dr. L. H. Murphy, Minneapolis.

Researches in Abdominal Surgery.—Dr. H. C. Wyman, Detroit, Mich.

A Rare Heart Lesion, with Specimen.—Dr. E. E. Hazlett, Abilene.

Preventative Medicine.—Dr. T. N. Gunn, Chapman.

Volunteer papers with presentation of specimen.

Respectfully,

E. B. LAFEVRE, M.D.,
Secretary.

Protection for the Physician or the People?

We have had several communications from physicians in regard to the plan proposed for securing medical legislation in which reference is made to protection for the people against quacks and pretenders. We have stood back on our dignity, letting other people take care of our business for us so long that we seem to assent to the idea that we have no rights as physicians. If it is the people who need protection, it is the people who should ask for it. If we, as physicians, who have spent our time and our money to properly qualify ourselves for the practice of medicine, want to be protected against the pretender who poses as a cure-all, the uneducated imposter, who places himself on our level, then it is for us to demand proper legislation. We have a right to demand that our profession shall not be degraded by the mountebanks who claim the title which should belong only to the properly qualified. It is absurd to say the people only suffer. The people judge the whole by a part. If they are unfortunate enough to come in contact with the bad element, their estimate of the profession is gauged accordingly.

Let us come to a distinct understanding as to what we have to do. Let us drop the old, worn-out theory of protection for the people.

Legislative bodies are not likely to enforce upon a people protective measures which they don't want. Let us ask for that protection which is extended to other professions or to other trades.

We are certainly not above asking for what we are entitled to have. We will be no less dignified if we present our cause honestly than if we attempt to disguise our real interests under the flimsy cloak of "protection for the dear people".

LET us hear what you have to say of the proposed convention.

American Medical Association.—Section on Surgery and Anatomy.

This association will meet in San Francisco, June 5–8, 1894.

It is proposed to devote a portion of the time of this section to ths systematic consideration of a few selected subjects, upon which papers, each not occupying more than ten minutes, will be read. It is hoped that speakers discussing these papers will confine their remarks to brief addresses of five minutes' length. The topics and papers to be so presented are as follows:

I.—MALIGNANT GROWTHS.

The Pathology of Malignant Growths.—E. Laplace, Philadelphia, Pa.

A Critique of the Sporozoan Theory of Malignant Neoplasms from a Micro-technical Standpoint.—A. P. Ohlmacher, Chicago, Ill.

Clinical Recognition of Malignancy in Tumors.—C. A. Wheaton, St. Paul, Minn.; Henry W. Coe, Portland, Oregon.

The Necessity of Early Surgical Interference in Malignant Tumors.—R. A. McLean, San Francisco, Cal.

The Value of Caustics in Malignant Growths.—John Parmenter, Buffalo, New York.

The Radical Cure of Malignant Tumors by Operation.—J. H. Wythe, Oakland, Cal.

The Value of Inoculations with Septic or Toxic Agents in the Treatment of Malignant Neoplasms.—John A. Wyeth, New York, N. Y.

II.—TUBERCULAR DISEASES OF JOINTS.

Early Symptoms and Diagnosis of Tubercular Joint Disease.—Emmett Rixford, San Francisco, Cal.; A. B. Judson, New York, N. Y.

Conservative Treatment of Tubercular Joints.—R. H. Sayre, New York, N. Y.; Harry M. Sherman, San Francisco, Cal.; James E. Thompson, Galveston, Texas.

Operative Treatment of Tubercular Joints.—Robert W. Lovett, Boston, Mass.

Treatment of Tubercular Joints by Injections of Iodoform.—N. Senn, Chicago, Ill.

Treatment of Tubercular Joints by Injections of Corrosive Sublimate.—R. H. Plummer, San Francisco, Cal.

III.—HERNIA.

The Causation and Prevention of Hernia.—James T. Jelks, Hot Springs, Ark.; C. M. Richter, San Francisco, Cal.

The Management of Reducible Hernia.—Emory Lanphear, Kansas City, Mo.; C. M. Fenn, San Diego, Cal.

The Treatment of Irreducible Hernia.—James B. Eagleston, Seattle, Washington.

The Treatment of Strangulated Hernia.—Joseph Ransohoff, Cincinnati, Ohio.

The Radical Cure of Hernia.—W. E. S. Davis, Birmingham, Ala.; H. O. Marcy, Boston, Mass.

IV.—HEMORRHOIDS, FISTULA AND FISSURE.

The Pathology and Symptomology of Hemorrhoids, Anal Fistula and Anal Fissure.—J. M. Matthews, Louisville, Ky.; David Powell, Marysville, Cal.

Treatment of Hemorrhoids.—H. M. Bishop, Los Angeles, Cal.; Charles B. Kelsey, New York, N. Y.

Treatment of Anal Fistula.—J. McF. Gaston, Atlanta, Ga.; G. B. Somers, San Francisco, Cal.

Treatment of Anal Fissure.—Thomas W. Huntington, Sacramento, Cal.; Lewis H. Adler, Jr., Philadelphia, Pa.

V.—FRACTURES.

Treatment of Fractures of the Lower End of the Humerus.—Oscar H. Allis, Philadelphia, Pa.

Treatment of Fractures of the Lower End of the Radius.—P. T. Conner, Cincinnati, Ohio; C. L. Bower, Philadelphia, Pa.

Treatment of Fractures of the Neck of the Femur.—Bedford Brown, Alexandria, Virginia.

Treatment of Gunshot Fractures.—George A. Goodfellow, Tuscon, Arizona.

Treatment of Fractures of the Shaft of the Femur.—Llewellyn Eliot, Washington, D. C.

Treatment of Open or Compound Fractures.—H. H. Mudd, St. Louis, Mo.; John B. Hamilton, Chicago, Ill.

VI.—OBSTRUCTION TO URINATION IN THE MALE.

Effects of Obstruction in Urination Upon the Bladder and Kidneys.—J. William White, Philadelphia, Pa.

Diagnosis and Treatment of Enlargement of the Prostate Gland.—Hunter McGuire, Richmond, Va.; Wm. T. Belfield, Chicago, Ill.

Symptoms and Treatment of Stone in the Bladder.—Wm. T. Briggs, Nashville, Tenn.

Symptoms and Treatment of Tumors of the Bladder.—John B. Deaver, Philadelphia, Pa.; C. F. Buckley, San Francisco, Cal.

Treatment of Stricture of the Urethra.—J. Rosenstirn, San Francisco, Cal.

Members who have specimens or patients to exhibit bearing on these topics, or who wish to make remarks in the discussion of them, are cordially invited to be present during the meetings of the section. The titles of other papers to be presented to the section will be published when the program of the meeting of the association is issued by the committee of arrangements.

JOHN B. ROBERTS,
1627 Walnut Street,
Philadelphia, Pa.,
Chairman Section on Surgery and Anatomy.

Official Announcement Kansas State Medical Society.

Editor Kansas Medical Journal:

Please announce in your JOURNAL that The Kansas State Medical Society will hold its annual meeting May 3-5 inclusive, at Atchison, Kansas. We have the promise of one-half fare for the members and their families, and the physicians of Atchison have informed me that they have made arrangements to royally entertain us, and that the hotel accomodations are ample for all that may come. Program will be splendid, and the outlook for a good meeting is very flattering.

W. R. PRIEST,
Corresponding Secretary.

A New Method of Administering Creosote.

BY REYNOLD W. WILCOX, M.D., LL.D., NEW YORK.

From the Medical Record, March 10, 1894.

At the present time most clinicians are in accord in believing that creosote is a most valuable remedy for pulmonary tuberculosis. That it is a specific probably no one claims, but that of all remedies it gives the fewest disappointments we will admit. The literature is extensive; a bibliography to 1893, by no means complete, records more than two hundred authors of a far larger number of papers. From the time of its discovery and use by Reichenbach, in 1833, until it passed out of vogue in 1853, there was ample evidence of its value if we may so infer from the papers of Grandjean, Breschet, and Bertholet, Mignet and Wolf, 1834; Cless and and Cortoni, 1835; Petrequin, Martin-Solon and Koebler, 1836; Rampold, 1837; Inmann, 1851; Verbeck and Debout, 1852. That it fell into disuse was believed to be from the presence of impurities and the practice of administering too small a dose. Since Bouchard and Gimbert reintroduced the drug, in 1877, the principal question has been how to introduce the drug into the organism in sufficiently large quantities, for it is a well-known fact that a daily dosage of three drachms, and usually far less, when administered by the stomach, gives rise to untoward, even poisonous, symptoms. Bourget proved that on those parts where creosote capsules were dissolved, local circumscribed inflammations were produced. Of the earlier literature after its revival, the most important papers are by Sommerbrodt, Fraentzel, Reuss, Pick, Guttmann, Horner, Lublinsky and Robinson, in 1878. My own use of this remedy is co-extensive with the entire time of my practice of medicine. That the administration by way of the stomach has been found insufficient is shown by the various substitutes proposed: Rectum, Bourget, 1889; subcutaneously, Du Castel, 1882; friction, Bourget, 1889; by way of the respiratory passages—inhalations—Labbee, 1879; laryngeal applications, Cadier, 1878; intratracheal injections, Beehag, 1888; intrapulmonary injections, Lepine and Truc, 1885. By subcutaneous injection excellent results have been obtained, but this method presents many inconveniences; it requires much time, it necessitates a special and expensive apparatus, it is hardly to be employed except in hospitals, so that in spite of the excellent paper of Gimbert, in 1891, this method has attracted but little attention. In 1893 Audeoud presented a carefully-written monograph upon the use of the rectum as the channel for the administration of the drug. This method also yielded good results, but its inconveniences are very considerable, and it is doubtful if it will be a practicable method for the physician. It has been sought to overcome the defects of creosote by the substitution of various preparations of the remedy. Such modifications have been made by Valzer (guaiacol benzoate), by Haas (cinnamic ether of guaiacol, which has been called styracol), by Giacosa (carbonic either of guaiacol), by Holscher and Seifert (carbonate of guaiacol), and finally by various physicians, guaiacol. Good beechwood creosote contains from sixty to ninty per cent. of guaiacol. My own experience has been that guaiacol in dose proportionate to its percentage in creosote, is by no means efficient in pulmonary tuberculosis; even in equal doses I have not found it to be of the same value as the crude drug. So that the general opinion seems to be that it is the beechwood creosote, the complex body, which possesses the greatest value. We believe, as does Sommerbrodt, that the more of the drug the patient can bear without injury, the more benefit will he derive, and the sooner will the tubercular process be controlled. Hitherto I have been most successful in the use of it in the form of enteric pills, *i.e.*, pills made up with paraffin or ones coated with keratin. In some cases I have used in addition the mixture of creosote, alcohol, and chloroform (Robinson) for inhalation. Even with enteric pills, gastric irritation, backache, and malaise are not known. The use of

creosote in soluble capsules with cod-liver oil, as was strongly recommended by Sommerbrodt, I have long since abandoned on account of the nauseous eructations of the oil. In spite of all its disadvantages I have adhered to the use of creosote, for the five thousand cases of Sommerbrodt (1887) to which he has recently added his later experience, and the seventeen hundred of Von Brunn (1888) are too strong evidence to be lightly set aside. In spite of the many cases where toxic symptoms, even alarming ones, have arisen, and the recently reported case of Freudenthal is an example, I believe we are justified in continuing to use this remedy, although we do not attribute to it any anti-bacillary properties. Notwithstanding that it is probably useless in acute tuberculosis, in tubercular pleuritis and enteritis, and that it is contra-indicated in acute and chronic nephritis, and in certain cases of idiosyncrasy, there is an ample field for its employment. Several years ago the carbonate of creosote, that is, beechwood creosote (ninety-two per cent.) in chemical combination with carbonic acid (eight per cent.) was discovered in the scientific laboratory of Dr. F. von Heyden's successors at Radebeul, near Dresden, who have named it creosotal. As you see from the specimen, it is a clear, pale, almost colorless liquid of sirupy consistency, becoming thinner by heat. It is insoluble in water, but soluble in alcohol or in four to five parts of cod liver or olive oil. It has a slight odor of creosote, and an oily, slightly tarry taste, which is in marked contrast to the burning taste of creosote. It can be administered clear, or, as it is said—but of this I have had no personal experience—by hypodermic injection, the precautions being taken to use a large needle, and to reduce the consistency of the liquid by head. It can also be administered in the form of an emulsion, one-half to two drachms being beaten up with the yolk of an egg, diluted with water, and flavored with any aromatic syrup. During the past three months I have found the administration by means of gelatine capsules, either hard or soft, from ten to twenty minims in each one, to be eminently satisfactory. There is no doubt about the elimination of creosote carbonate by the respiratory tract—the breath gives ample evidence. It is also excreted by the urine, although in what proportion it is at present impossible to state, for the estimations have not been made. Two drachms per day, even on the first day, may cause the urine to become dark green. So far as I know, this is the only symptom to which it gives rise, and it is simply an indication to diminish the dose to one half of its former size. According to my observations it does not produce malaise, nor irritation of stomach or of intestines. It is stated that it does not produce any diarrhœa, and also that if a diarrhœa exist, it is without effect upon it. The first part of this statement I believe to be correct, the latter I have not had an opportunity to verify. We have no doubt as to the fact that it is non-poisonous; the important question is, Is it as efficacious as creosote? Chaumier used it in eight cases with equal success so far as the lesions were concerned. My own observations confirm his. Since the creosote carbonate contains ninety per cent. of creosote, the dose may be considered to be practically identical. Fifteen to twenty drops per day is probably sufficient for children; adults will bear one or two drachms, even four drachms per day in divided doses may not be excessive.

A Valuable Drug in Treatment of Winter Cough.

Many are the single agents employed in the treatment of that persistent bronchial ailment known as "winter cough," and divers are the combinations made to suit each individual case. Agents proposed and lauded as "specifics" in this disease have signally failed to maintain the title. Among the new remedies named, but not brought forward as a specific at all, is the *Eugenia Chequen*, or Chekan, a native Chilian drug For a complete description of the agent, botanically and therapeutically, we refer our readers to the Pharmacology of the Newer

Materia Medica, and a brochure issued by Parke, Davis & Co., Detroit. That it is a valuable addition to our list of agents for the treatment of bronchitis and its allied disorders is evident to the writer. It has made a good record so far. It is worthy of a careful investigation and trial. Dr. Wm. Murrell, of Royal Hospital for Diseases of Chest, London, basing his opinion on notes of fifteen cases of bronchitis in which he employed Chekan, says: "In all cases the patient obtained some benefit, and in most instances the relief was very marked." The fluid extract has a pleasant balsamic odor and taste. It is highly resinous, hence not miscible with water. It mixes nicely with glycerin and syrups, in which it should be administered. We advise a testing of its merits.—*Sanative Medicine.*

On the Removal of Fibrous or Naso-Pharyngeal Polypi.

BY THOMAS ANNANDALE, F.R.C.S.

Further experience in connection with the treatment of these growths has convinced me that the number of cases in which they can be completely removed by the cautery wire is limited, Owing to their position and their strong and broad attachment to the bone an operation for removal by enucleation and evulsion is the only satisfactory method in the majority of cases. The serious hemorrhage which usually takes place in such operations has led to the adoption of many proceedings for the exposure and removal of these tumors, but I am of opinion that by a modification of the operation described by me in *The Lancet*, the large majority of fibrous polypi can be rapidly and completely removed without serious loss of blood, as it is a well-known fact that as soon as these tumors have been completely torn away from their attachment all bleeding of consequence at once ceases. I have always employed chloroform as the anæsthetic in these operations, and by keeping the head in a dependent position—namely, hanging well over one end of the operating table—I consider that the risk of blood passing into the air-passages is not great. As a result, then, of my experience, I submit the following conclusions in connection with this subject: 1. That unless the tumor is seriously interfering with the respiration during the administration of the anæsthetic, preliminary tracheotomy is not required. 2. That chloroform is the best anæsthetic. 3. That the position of the head should be dependent—that is, hanging well over one end of the operating table. 4. That the following method of operating allows the tumor to be sufficiently exposed and rapidly removed: (*a*) The anæsthetic having been administered and the head placed in the dependent position the mouth is kept open by an efficient gag. (*b*) A loop of strong silk is passed through each side of the soft palate, externally to and about one inch above the uvula. These loops are left long and are held by an assistant, so as to steady the soft palate. (*c*) The soft palate is then rapidly divided in the middle line with a sharp knife along its whole extent, and through both its layers of mucous membrane, and its two halves are drawn apart by pulling upon the thread loops. (*d*) The tumor is now quickly enucleated or separated from its surrounding connections down to its attachment to the bone with a blunt periosteal elevator, assisted by the finger. (*e*) Thereupon the neck of the growth is seized with a pair of strong forceps close to its attachment to the bone and wrenched or twisted off. If the attachment passes up into the nasal passages this portion will be most readily separated by introducing the same strong forceps through one or other anterior nostril, the working of the forceps being assisted by the fingers of one hand passed up behind the soft palate. (*f*) When the tumor has been thus removed the nasal cavities should be plugged with iodoform gauze and the halves of the soft palate stitched together. The thread loops may be retained until this stitching has been done, as they are useful in steadying the palate; after this they should be removed.—*The Lancet.*

Pulmonary Phthisis.

Dr. Carasso (*Dutsche Med. Wochenschrift*, No. 49, 1893) publishes a new method of treating consumption, with which he claims to have obtained brilliant results. It consists in the continuous inhalation of peppermint, together with the internal administration of an alcoholic solution of creosote with glycerine and chloroform, to which one per cent. of peppermint oil is added. The results were remarkable, for not only were cases in the first stages cured, but also those where there were numerous and extensive cavites and with numerous bacilli in the expectoration. The cough and expectoration diminished, the night-sweats disappeared, and the appetite reawakened with a considerable increase in body weight with the ever-increasing appetite. Gradually the attacked portions of the lungs assumed a normal state, and vesicular breathing reappeared. Hence a complete restoration of the diseased tissue to the normal may be assumed. If the pulmonary affection were associated with fever, it disappeared after a few days. These results were obtained in not less than thirty-nine cases of consumption in every stage, yet only when it was limited to the lungs and not when other organs were involved. Peppermint has been demonstrated by Braddon to exercise a bactericidal action on the bacilli of phthisis, and this same writer has gotten favorable results with inhalations in phthisis.—*Cin. Lancet-Clinic.*

Dangers Following Total Extirpation of the Uterus per Vaginam.

Jessett regards the dangers following total extirpation of the uterus by the vaginal method as neither few nor trivial.

1. Intestinal obstruction has occurred in several instances after vaginal hysterectomy, the result of adhesions of a loop of intestine to the edges of the wound through which the removal of the uterus was accomplished, causing distention and bending of the gut above the point of adhesion. All of the cases reported have proved fatal; in each death appeared to be due primarily to exhaustion.

2. A second source of danger is met with chiefly in those cases in which the disease has extended somewhat laterally, from the risk of either dividing the ureters or including them in the ligature, or forceps applied to the broad ligament to arrest hemorrhage. Several such cases are recorded.

3. Vesico-vaginal or recto-vaginal fistulæ are by no means so rare as might be supposed after total extirpation of the uterus. Vesico-vaginal fistulæ are especially liable to occur in those cases in which the disease is somewhat extensive and the pelvis contracted, necessitating considerable force to enucleate the uterus. Often the opening is so high up that it is difficult to locate the exact seat of the urinary fistula, and in these cases the hope of closing the fistula must be very small.

4. Another source of danger is peritonitis, especially in those cases in which the parts are of necessity much dragged and torn.

5. Sepsis is answerable for many of the fatal cases.

6. Lastly, severe and even alarming hemorrhage often takes place.—*The Lancet.*

DR. MCCASEY, formerly of Concordia, Kansas, has been appointed superintendent of the asylum at Topeka, Dr. Eastman having resigned. The doctor proposes to introduce a number of changes in the asylum. He has visited a number of such institutions in the east and proposes to go them a "leedle" better.

THE practitioners' course of the University Medical College of Kansas City will open Tuesday, March 27th, and continue until May 1st. The course includes practical work in gynecology, surgery, clinical medicine, practical chemistry and instruction in all the specialties.

Dr. Flavel B. Tiffany's Book.

We are in receipt of a new book on the "Anomalies of Refraction and of the Muscles of the Eye," by Dr. Tiffany.

An excellent feature of the book is the illustrations. In the absence of a teacher, a beginner can learn how to use the ophthalmoscope by the various positions shown. All the latest improved methods of examining the eye are given, and cuts of all apparatus used, aside from what is found in text-books generally. The subject of heterophoria is thoroughly discussed. There is also a chapter on spectacles, with valuable hints to the optician, and one on strabismus.

The book is completely indexed and the size of the type is proof positive that the author believes that fine type is unfit for general reading purposes. Anything that is worth reading and preserving is worth putting in plain, legible, large type. The book is practical, instructive, scientific, and a creditable addition to the literature on ophthalmology. The student and general practitioner can learn how to use the ophthalmoscope and various instruments in examining the eye, and the specialist will refresh his memory and use his time profitably in studying Dr. Tiffany's book.

IN referring to PEACOCK'S CHIONIA I may say it is very nearly, if not quite, a specific remedy for constipation. I have prescribed it in obstinate cases of confirmed constipation, and in each case the remedy has proved successful. One lady, who had been afflicted for years with the most obstinate constipation, took one eight-ounce bottle at my suggestion, this occurred four months ago, and since that time she has been free from any symptoms of her former malady, and is today in the best of health and spirits.

H. PACE, M.D.,
U. S. Consulate,
Port Sarnia, Ont.

Antikamnia.

This is a combination of elements belonging to the coal-tar group, and is an American product. It is a white chrystalline powder, odorless, and has a slightly burning taste; soluble in hot water and in diluted alcohol, but not in cold water. It acts antipyretic, analgesic and anodyne. The importance attached to this drug, I think, is due to its anodyne and analgesic power, and the celerity with which it acts. As an antipyretic in fevers, it acts more slowly than antipyrin, but is not attended with as much depression of the cardiac system and cyanosis. Whenever a sedative and an analgesic together is indicated, this remedy meets the demand. In severe headaches it is the remedy *par excellence*.—C. A. JULIAN, M.D., Louisville Medical College, in *N. C. Med. Journal*.

I HAVE pleasure in offering my testimony to the virtue of Cactina (in pillet form) in cases of inordinate cardiac action, and I consider it a valuable adjunct to the Materia Medica.

DANIEL WILSON GWYNNE, M.D., ETC.,
Member of General Council, University of St. Andrews,
Plymouth, England.

JOHNNY.—"Is there anything you hate worse than to have your ma tell you you must take a dose of cod liver oil?"

Tommy.—"Yes."

Johnny.—"What?"

Tommy.—"Taking the dose."

The Topsy of an "Uncle Tom's Cabin" troupe died recently and bequeathed her body to the doctors. Autopsy!—*Texas Siftings*.